

YOUTH SERVICES

ANNUAL EMPLOYEE TUBERCULOSIS TEST NOTIFICATION

UNIT _____

DATE: _____

TO: _____

FROM: _____
(Facility Director / Regional Manager / Undersecretary)

RE: NOTIFICATION OF ANNUAL EMPLOYEE TB TEST

This shall serve as your official notification of YS Annual Tuberculosis (TB) Testing requirement on the anniversary of your hire date with the Office of Juvenile Justice on (fill in hire date), pursuant to YS Policy No. A.2.67 "Management of Tuberculosis for Employees".

You are to report to the secure care facility infirmary (secure care) or an Occupational Health Center (CBS/CO) within seven (7) days of receipt of this notification for your annual TB test. You must ensure that you return to the facility infirmary/OHC within three (3) days of the test for the reading and diagnosis of the PPD skin test. Failure to do so may result in disciplinary action. Failure to participate in the annual TB testing may also result in disciplinary action in accordance with YS Policy No. A.2.1 (b) "Employee Manual".

If you have any questions, please contact the Facility Director / Regional Manager / Undersecretary. Thank you in advance for your continued cooperation in meeting the mission of the Office of Juvenile Justice.

Employee Signature

Date

Time

c: Unit HR Liaison